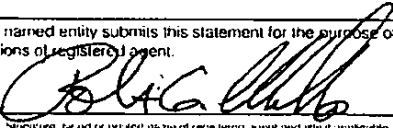
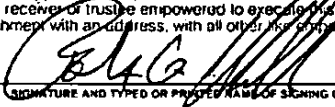


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/27/2008-90038-034-\$61.25-\$61.25

|                                                                                                                                                                                                                                |                                                                                          |                                                                                  |                                                                                                                                                                                                                  |                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N07000002243</b><br>1. Entity Name<br><b>ST. JOHN'S PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                        |                                                                                          |                                                                                  |                                                                                                                                                                                                                  |  |  |
| Principal Place of Business<br>11215 ST. JOHNS INDUSTRIAL PKWY.<br>JACKSONVILLE, FL 32246                                                                                                                                      |                                                                                          |                                                                                  | Mailing Address<br>11215 ST. JOHNS INDUSTRIAL PKWY.<br>JACKSONVILLE, FL 32246                                                                                                                                    |                                                                                   |  |
| 2. Principal Place of Business No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                            |                                                                                          | 3. Mailing Address<br>Suite, Apt. #, etc.                                        |                                                                                                                                                                                                                  |                                                                                   |  |
| City & State<br>Zip Country                                                                                                                                                                                                    |                                                                                          | City & State<br>Zip Country                                                      |                                                                                                                                                                                                                  |                                                                                   |  |
| 4. FEI Number                                                                                                                                                                                                                  |                                                                                          |                                                                                  |                                                                                                                                                                                                                  | Applied For<br>Not Applicable                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                       |                                                                                          |                                                                                  |                                                                                                                                                                                                                  |                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><b>PATTERSON, ANDERSON &amp; FELDMAN, P.A.</b><br><b>3010 SOUTH 3RD ST.</b><br><b>JACKSONVILLE, FL 32250</b>                                                                |                                                                                          |                                                                                  | 7. Name and Address of New Registered Agent<br>Name <b>ROBERT MORVILLO</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>60104 EAGLES NEST DR</b><br>City <b>JUPITER, FL</b> Zip Code <b>33458</b> |                                                                                   |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent. |                                                                                          |                                                                                  |                                                                                                                                                                                                                  |                                                                                   |  |
| SIGNATURE  (NOTE: Registered Agent signature required when re-registering) DATE                                                              |                                                                                          |                                                                                  |                                                                                                                                                                                                                  |                                                                                   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>                                                                                                                                                                      |                                                                                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                  | <b>\$5.00 May Be Added to Fees</b>                                                |  |
| Make check payable to Florida Department of State                                                                                                                                                                              |                                                                                          |                                                                                  |                                                                                                                                                                                                                  |                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                              |                                                                                          |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                     |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                              | PSTV<br>MORVILLO, ROBERT G<br>11215 ST. JOHNS INDUSTRIAL PKWY.<br>JACKSONVILLE, FL 32246 | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                              | D<br>MORVILLO, ROBERT G<br>11215 ST. JOHNS INDUSTRIAL PKWY.<br>JACKSONVILLE, FL 32246    | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                              | D<br>MORVILLO, GERALD G<br>11215 ST. JOHNS INDUSTRIAL PKWY.<br>JACKSONVILLE, FL 32246    | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                              | D<br>MORVILLO, CHARLES<br>11215 ST. JOHNS INDUSTRIAL PKWY.<br>JACKSONVILLE, FL 32246     | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                              | <input type="checkbox"/> Delete                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                                                                                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                              | <input type="checkbox"/> Delete                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                                                                                                                                                                  |                                                                                   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information provided.

SIGNATURE: 

**FILED**

08 MAY 15 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
50002ub1



02182008 Chg-NP CR2E037 (12/06)